

Date of Request

Day	Month	Year

SECTION A - Policyowner Information
Full Legal Name of Policyowner

Title	Last Name	First Name	Middle Name	Maiden Name

Telephone Numbers

Residence	Business	Cell	Fax

Email Address

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Address

No. / Street	City	State / Province / Island	P.O. Box

 Use information above for all future correspondence Yes No

SECTION B - Transfer Request Information

I hereby authorise Colina Insurance Limited ('the Company') to transfer the following amounts as listed below.

\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP
\$	from Policy Number	to Policy Number	<input type="checkbox"/> Premium	<input type="checkbox"/> Loan	<input type="checkbox"/> APL	<input type="checkbox"/> PDF	<input type="checkbox"/> APIP

NOTE: If a change to your existing instructions via salary deduction or pre-authorized cheque is required, please note that a new salary deduction/pre-authorized cheque form will be required to replace the previous instructions.

Policyowner Initials	<input type="text"/>	Assignee Initials	<input type="text"/>
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SECTION C - Refund Request

I hereby request a refund of excess funds on my policy in the amount of:

\$ [] from Policy Number []

If the payee is different from the owner, give payee name []

\$ [] from Policy Number []

If the payee is different from the owner, give payee name []

\$ [] from Policy Number []

If the payee is different from the owner, give payee name []

\$ [] from Policy Number []

If the payee is different from the owner, give payee name []

\$ [] from Policy Number []

If the payee is different from the owner, give payee name []

Cheque Collection

To be collected by []

Location []

SECTION D - Declaration

I hereby confirm that the receipt/transfer of the noted funds do hereby, for myself, my heirs, my executors and assigns, release and forever discharge Colina Insurance Limited of and from all actions, proceedings, claims or demands whatsoever which I may now or at any time hereafter may have or in respect of the funds I am about to receive from my interest in the said Policy with Colina Insurance Limited.

SECTION E - Signatures

Policyowner

Print Name [] Signature []

Witness

Print Name [] Signature []

Beneficiary

Print Name [] Signature []

Witness

Print Name [] Signature []

Beneficiary

Print Name [] Signature []

Witness

Print Name [] Signature []

Executed at

Location []

Date

Day [] Month [] Year []

The Policyowner declares that except for that indicated below, there has not yet been any other assignment of the policy.

If the policy is assigned, Assignee must sign and date stamp below:

Name of Assignee (hereafter called "the Assignee") described below (Bank / Financial Institution / Other)

[]

Assignee Stamp and signature

[]

Executed at

Location []

Date

Day [] Month [] Year []

Name of Assignee (hereafter called "the Assignee") described below (Bank / Financial Institution / Other)

[]

Assignee Stamp and signature

[]

Executed at

Location []

Date

Day [] Month [] Year []